



3rd Quarter FY2005

STANDARD GUIDANCE CHECKLIST

PLEASE ENTER ORGANIZATION INFORMATION BELOW BEFORE PROCEEDING:

ORGANIZATION NAME:

REPORTING ENTITY:

CUSTOMER POC:

EMAIL ADDRESS:

PHONE #

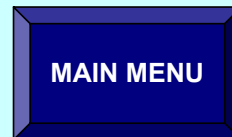
DFAS CENTER POC:

EMAIL ADDRESS:

PHONE #

OFFICE SYMBOL:

Press "MAIN MENU"
below to proceed.



**Please make sure to
read the instructions for
using this application**